FILE NOW: FILING FEE AFTER MAY 1 IS-\$550.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

APPROVED

98 APR 20 PM 4: 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

904-761-9922

•	HAR AMERICA DIRECT	, 114	.					
Principal P	lace of Business	Maulir	ng Address	·				
1	1337 Beville Rd.	1	337 Bevi	11e 1	₹₫.			
	Daytona Beach, FL		attona B					
	32119		2119	ouo	,	3. Date Incorporated or Qualif 07-25-1995	ed 3a. Date of Last Report	
2. Principa	al Place of Business	2a. M	ailing Address			4. FE1 Number 59-3340851	Applied	
21		26	uite Apl. #, etc			39-3340631	Not App	
22	.pt #, etc.	27	onte Apr. #, etc			5. Certificate of Status Desired	\$8.75 Addition Fee Require	
City & S	itate	-	ity & State			6. Election Campaign Financin	_ _	
23 Zip	Country	28	ь.	Cou	ratru	Trust Fund Contribution	Added to Fee	
24	25	29	,	30	пигу	8. This corporation has liability Florida Statutes	for intangible tax under s 199.	.032,
24]	9. Name and Address of Current		ed Agent			10. Name and Address of Nev		
1					81 Name	Michael Y. Hol:		
•	WARD, PAUL W				82 Street Ad	dress (P.O. Box Number is Not Acce	otable)	
	375 FENTRESS BL			,		dress (P.O. Box Number is Not Acce 1337 Beville Ro	ad	
	DAYTONA BEACH,	FL	3211	4	83			-
					84 City	ytona Beach	FL 85 Zip Code 32119	
1. Pursua	ant to the provisions of Sections 607 0502	AND 607:	1 08, Florida Stat	utes, the at				
<i>!</i> (it f Kinda iou of, S	SLoti change was eguan 607 0605 F	authorizee Iorida Stat	d by the corpor utes	ation's board of directors. I hereby a	ccept the appointment as regist 4 · 13 - 9 %	tered
SIGNATUR	in nature: typest is profess rame of registeres as	and the dim	uplicator (NC	DIE Begistere	l Agent Signature rec	jurca when relistating)	DATE	
12.	OFFICERS AND	DIRLCTC	·	13.			FFICERS AND DIRECTORS IN	12
TITLE	DP		DELETE	1.1 10	il F		Change	12 Addition
NAME	HOLLMAN, MICHAE			1.2 NA	Mi		رىيىس رەمەنى كى كى كى دىدىن	
STREET ADDRES		AD	2110	1.3 ST	PEET ADDRESS		福利4179 年。	
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TITLE	DAYTONA BEACH,	F.T-	32114	3 1 TII			Change	Addition
NAME	}		_	3214	ļ			1
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NAME				5 2 NA		H_{\cdot}	Mi 100	
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TITLE	ļ		<u></u>	6.2 NA		•	Change L	Addition
NAME STREET ADDRES	22				ret i Address			
CITY-ST-ZIP	,,				IY-SI-ZIP			
14. I do he	reby cenify that the information supplied	with this f	iling does not qua	lify for the	exemption state	ed in Section 119.07(3)(i). Florida Sta	lules. I further certify that the	\dashv
informa Lam ar appear	ation indicated on this annual report or sun n officer or lineator of the correction or t rs in Block 20 or Block 13.17 transport or o	pplement bri eceyi ri an alla	al a intaktoportis er ur viistev empo Envet with an ac	true and a wered to e idress	ccurate and th xecule Piis rep	at my signature shall have the same ort as required by Chapter 607, Flori	legal effect as if made under oa da Statutes; and that my name	ath; that